

AREA PLAN BUDGET SUMMARY - BUDGETED COSTS

TITLE III ADMIN AND TITLE III PROGRAMS

BUDGET PERIOD:		[] ORIGINAL [] REVISION NO.:		CONTRACT NO.:		DATE:	PSA NO.:	
COST CATEGORIES		(a) Area Plan Admin	(b) III B Supportive Svcs	(c) III C-1 Congregate Nutr	(d) III C-2 Home Del Nutr	(e) III D Disease Prev	(f) III E Family Caregiver	(g) Total Title III
1. Personnel	(+) CASH							
	IN-KIND							
2. Staff Travel	(+) CASH							
	IN-KIND							
3. Staff Training	(+) CASH							
	IN-KIND							
4. Equipment	(+) CASH							
	IN-KIND							
5. Consultants	(+) CASH							
	IN-KIND							
6. Food Costs	(+) CASH							
	IN-KIND							
7. Other Costs	(+) CASH							
	IN-KIND							
8. DIRECT AREA	CASH							
AGENCY COSTS	(=) IN-KIND							
9. Indirect or Grantee Allocated Costs	(+) CASH							
	IN-KIND							
10. TOTAL AREA	CASH							
AGENCY COSTS	(=) IN-KIND							
11. Contracted Services Costs	(+) CASH							
	IN-KIND							
12. TOTAL TITLE III	CASH							
COSTS	(=) IN-KIND							
13. TOTAL CASH & IN-KIND								

AREA PLAN BUDGET APPROVAL

FOR STATE USE ONLY

Fiscal Specialist Approval	Date	Fiscal Coach Verification	Date
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AREA PLAN BUDGET SUMMARY - BUDGETED COSTS

TITLE III, TITLE VII, AND OTHER STATE FUNDED GRANTS (OSFG)

BUDGET PERIOD:		[] ORIGINAL [] REVISION NO.:		CONTRACT NO.:		DATE:	PSA NO.:	
COST CATEGORIES		(a) VII Ombudsman	(b) VII Elder Abuse Prev	(c) Total Title VII	(d) Total Title III (Page 1 Col (g))	(e) Total Title III & VII	(f) Other State Funded Grants	(g) Total III, VII, & OSFG
1. Personnel (+)	CASH							
	IN-KIND							
2. Staff Travel (+)	CASH							
	IN-KIND							
3. Staff Training (+)	CASH							
	IN-KIND							
4. Equipment (+)	CASH							
	IN-KIND							
5. Consultants (+)	CASH							
	IN-KIND							
6. Food Costs (+)	CASH							
	IN-KIND							
7. Other Costs (+)	CASH							
	IN-KIND							
8. DIRECT AREA	CASH							
AGENCY COSTS (=)	CASH							
	IN-KIND							
9. Indirect or Grantee Allocated Costs (+)	CASH							
	IN-KIND							
10. TOTAL AREA	CASH							
AGENCY COSTS (=)	CASH							
	IN-KIND							
11. Cost of Contracted Services (+)	CASH							
	IN-KIND							
12. TOTAL AREA	CASH							
PLAN COSTS (=)	CASH							
	IN-KIND							
13. TOTAL CASH & IN-KIND								

AREA PLAN BUDGET SUMMARY - BUDGETED FUNDING

TITLE III, VII, & OTHER STATE FUNDED GRANTS (OSFG)

BUDGET PERIOD:		[] ORIGINAL [] REVISION NO.:		CONTRACT NO.:		DATE:	PSA NO.:
SECTION A		(a) Area Plan Admin	(b) III B Supportive Svcs	(c) III C-1 Congregate Nutr	(d) III C-2 Home Del Nutr	(e) III D Disease Prev	(f) III E Family Caregiver
FUNDING SOURCES							(g) Total Title III
1. Program Income	CASH						
2. NSIP	CASH						
3. Non-Matching Contributions	IN-KIND						
4. State Funds	CASH						
5. Matching Contributions	IN-KIND						
6. Federal Funding Grandparent	CASH						
7. Federal Funding Other	CASH						
8. TOTAL TITLE III	CASH						
FUNDING	IN-KIND						
9. TOTAL CASH & IN-KIND							
SECTION B		(h) VII Ombudsman	(i) VII Elder Abuse Prev	(j) Total Title VII	(k) Total Title III (Page 3 Col (g))	(l) Total Title III & VII	(m) Other State Funded Grants
FUNDING SOURCES							(n) Total III, VII, & OSFG
10. Program Income	CASH						
11. NSIP	CASH						
12. Non-Matching Contributions	IN-KIND						
13. State Funds	CASH						
14. Matching Contributions	IN-KIND						
15. Federal Funding Grandparent	CASH						
16. Federal Funding Other	CASH						
17. TOTAL AREA	CASH						
PLAN FUNDING	IN-KIND						
18. TOTAL CASH & IN-KIND							
SECTION C							
MINIMUM MATCHING REQUIREMENTS							
ITEM	(a) Area Plan Admin	(b) Title III B, C, & D Programs	(c) Title III E Programs	(d) Total Min Matching			
1. Costs to be Matched							
2. Required Matching Percentages	25%	10.53%	25%				
3. Minimum Required Match							
4. Required Local Public Agencies Matching = Line 3 x 25%							

AREA PLAN BUDGET

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MATCHING CONTRIBUTIONS, TRANSFERS, ADEQUATE PROPORTION, & IIIB ONE-TIME-ONLY

BUDGET PERIOD:		[] ORIGINAL [] REVISION NO.:		CONTRACT NO.:		DATE:		PSA NO.:	
SECTION A AREA PLAN ADMINISTRATION MATCHING CONTRIBUTIONS					SECTION D ADEQUATE PROPORTION CALCULATION FOR PRIORITY SERVICES				
Source		Cash	In-Kind	Total	ITEM		Amount		
					1. Total Supportive Services Federal Share Page 8 Column (h)		(+)		
					2. Less III B Ombudsman Federal Share Page 8 Column (h) Direct and Contracted		(-)		
					3. Less III B One-Time-Only Page 8 Column (h) Direct and Contracted		(-)		
					4. Equals III B Supportive Services Base Allocation		(=)		
					Priority Services (Do not include OTO)		Federal Share	% of Base*	Approved Percentage^
					5. Information & Assistance				
					6. Case Management				
					7. Assisted Transportation				
					8. Transportation				
					9. Outreach				
TOTAL					10. Total Access				
SECTION B LOCAL PUBLIC AGENCIES MATCHING CONTRIBUTIONS (Local Public Agencies Must Contribute At Least 25% of Total Minimum Match)					11. Personal Care				
Source		Cash	In-Kind	Total	12. Homemaker				
					13. Chore				
					14. Visiting				
					15. In-Home Respite				
					16. Alzheimer's Day Care				
					17. Minor Home Modification				
					18. Adult Day/Health Care				
					19. Total In-Home				
					20. Legal Assistance				
					* Total Federal Share Divided by III B Base (line 4)				
					^ As Approved in the Area Plan				
SECTION C TRANSFER OF FUNDS (Do not include OTO)					SECTION E III B ONE-TIME-ONLY ALLOCATIONS (List Programs and Amounts):				
Federal Funds	Current Budget Display	Increase	Decrease	New Budget Display					
1. III B Admin									
2. III C-1 Admin									
3. III C-2 Admin									
4. III B Ombudsman									
5. III B Program									
6. III C-1 Program									
7. III C-2 Program									
8. NSIP C-1 Congr Program									
9. NSIP C-2 Home Del Program									
State Funds									
10. State Admin									
11. State Program									
12. General Fund Reduction									
13. State B Ombudsman									
14. State VII Ombudsman									
15. State VII Elder Abuse Prev									

SECTION A AREA PLAN ADMINISTRATION MATCHING CONTRIBUTIONS				SECTION B LOCAL PUBLIC AGENCIES MATCHING CONTRIBUTIONS (Local Public Agencies Must Contribute At Least 25% of Total Minimum Match)			
Source	Cash	In-Kind	Total	Source	Cash	In-Kind	Total

SCHEDULE OF PAID PERSONNEL COSTS

TITLE III PROGRAMS-ADMIN & DIRECT SERVICES

[illegible]

[illegible]

TITLE III, VII, & OTHER STATE FUNDED GRANTS (OSFG)

[illegible]

SCHEDULE OF SUPPORTIVE SERVICES (III B)

BUDGET PERIOD:	[] ORIGINAL [] REVISION NO.:	CONTRACT NO.:		DATE:		PSA NO.:		
SERVICE CATEGORIES	(a) Total Budgeted Costs	(b) Program Income	Non-Matching Contributions		(e) State Funds	Matching Contributions		(h) Federal Share
			(c) Cash	(d) In-Kind		(f) Cash	(g) In-Kind	
PART I	DIRECT SERVICES							
Program Development								
Coordination								
TOTAL DIRECT III B SERVICES								
PART II	CONTRACTED SERVICES							
Personal Care (In-Home)*								
Homemaker (In-Home)*								
Chore (In-Home)*								
Adult Day/Health Care (In-Home)*								
Case Management (Access)*								
Assisted Transportation (Access)*								
Transportation (Access)*								
Legal Assistance*								
Information & Assistance (Access)*								
Outreach (Access)*								
Other Services:								
a. Housing								
b. Alzheimer's Day Care (In-Home)*								
c. Security/Crime								
d. Health								
e. Mental Health								
f. Comm Svcs/Senior Center Mgt								
g. Employment								
h. Consumer								
i. Visiting (In-Home)*								
j. In-Home Respite (In-Home)*								
k. Minor Modification (In-Home)*								
l.								
Ombudsman								
TOTAL CONTRACTED III B SERVICES								
TOTAL III B SUPPORTIVE SERVICES								

*-Denotes Priority Services Category

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**SCHEDULE OF NUTRITION (III C-1 & III C-2) &
DISEASE PREVENTION (III D) PROGRAMS**

BUDGET PERIOD:		<input type="checkbox"/> ORIGINAL <input type="checkbox"/> REVISION NO.:		CONTRACT NO.:		DATE:		PSA NO.:	
PROGRAMS	(a) Total Budgeted Costs	(b) Program Income	(c) NSIP	Non-Matching Contributions		(f) State Funds	Matching Contributions		(i) Federal Share
				(d) Cash	(e) In-Kind		(g) Cash	(h) In-Kind	
III C-1									
Congregate Meals									
Nutrition Counseling									
Nutrition Education									
Total III C-1									
III C-2									
Home Delivered Meals									
Nutrition Counseling									
Nutrition Education									
Total III C-2									
III D									
Nutrition Counseling									
Nutrition Education									
Disease Prev & Health Promotion									
Medication Management									
Total III D									

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SCHEDULE OF DIRECT CAREGIVER SUPPORT SERVICES (III E)

BUDGET PERIOD:		[] ORIGINAL [] REVISION NO.:			CONTRACT NO.:		DATE:	PSA NO.:
SERVICE CATEGORIES	(a) Total Budgeted Costs	(b) Program Income	Non-Matching Contributions		(e) State Funds	Matching Contributions		(h) Federal Share
			(c) Cash	(d) In-Kind		(f) Cash	(g) In-Kind	
Outreach								
Community Education								
Total Service Information								
Information & Assistance								
Comprehensive Assessment								
Case Management								
Transportation								
Assisted Transportation								
Total III E Access								
Counseling								
Caregiver Support Group								
Caregiver Training								
Total Caregiver Support								
III E Respite Care Services								
Minor Home Modification								
Placement								
Homemaker								
Chore								
Home Security and Safety								
Visiting								
Assistive Devices								
Home Delivered Meals								
Legal Assistance								
Other:*								
Other:*								
Total Supplemental Services								
TOTAL III E DIRECT SERVICES								

* - Requires Prior Approval From CDA

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SCHEDULE OF CONTRACTED CAREGIVER SUPPORT SERVICES (III E)

BUDGET PERIOD:		[] ORIGINAL [] REVISION NO.:		CONTRACT NO.:		DATE:		PSA NO.:	
SERVICE CATEGORIES	(a) Total Budgeted Costs	(b) Program Income	Non-Matching Contributions		(e) State Funds	Matching Contributions		(h) Federal Share	
			(c) Cash	(d) In-Kind		(f) Cash	(g) In-Kind		
Outreach									
Community Education									
Total Service Information									
Information & Assistance									
Comprehensive Assessment									
Case Management									
Transportation									
Assisted Transportation									
Total III E Access									
Counseling									
Caregiver Support Group									
Caregiver Training									
Total Caregiver Support									
III E Respite Care Services									
Minor Home Modification									
Placement									
Homemaker									
Chore									
Home Security and Safety									
Visiting									
Assistive Devices									
Home Delivered Meals									
Legal Assistance									
Other:*									
Other:*									
Total Supplemental Services									
TOTAL III E CONTRACTED SERVICES									
TOTAL III E DIRECT & CONTRACTED SERVICES									

* - Requires Prior Approval From CDA

BUDGET PERIOD:		<input type="checkbox"/> ORIGINAL	<input type="checkbox"/> REVISION NO.:	CONTRACT NO.:		DATE:		PSA NO.:	
SERVICE PROVIDER	Service Provided	(a) Total Budgeted Costs	(b) Program Income	Non-Matching Contributions		(e) State Funds	Matching Contributions		(h) Federal Share
CONTRACT NUMBER				(c) Cash	(d) In-Kind		(f) Cash	(g) In-Kind	

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SCHEDULE OF OTHER STATE FUNDED GRANTS (OSFG)

BUDGET PERIOD:	<input type="checkbox"/> ORIGINAL <input type="checkbox"/> REVISION NO.:		CONTRACT NO.:		DATE:	PSA NO.:	
PROGRAMS	(a) Total Budgeted Costs	(b) Program Income	Non-Matching Contributions		(e) State Funds	Matching Contributions	
			(c) Cash	(d) In-Kind		(f) Cash	(g) In-Kind
PART I DIRECT SERVICES							
Case Management (Linkages)							
Visiting Program (Senior Companion)							
Surplus & Donated Food (Brown Bag) Program							
Respite Purchase of Service (RPOS)							
Specialized Day Care Service (ADCRC)							
Total Direct Services							
PART II CONTRACTED SERVICES							
Case Management (Linkages)							
Visiting Program (Senior Companion)							
Surplus & Donated Food (Brown Bag) Program							
Respite Purchase of Service (RPOS)							
Specialized Day Care Service (ADCRC)							
Total Contracted Services							
Total Direct & Contracted							
Other State Funded Grants							

(OPTIONAL)

OTHER PROGRAMS ADMINISTERED BY THE AREA AGENCY

[illegible]